FUTURE LEADERS BY AFFILIATION



Affiliation "Is the act of becoming formally connected or joined"

TEEN PROGRAM APPLICATION



School Address School Phone Number (icen scroa injormanon				
Current Grade	Current School	School Ac	Idress		
Trest Profile Information First Name	School Phone Number ()	Student Activ	ities Director		
First Name Middle Initial Last Name	Current Grade				
First Name Middle Initial Last Name	Student ID#				
First Name Middle Initial Last Name					
Home Address City State Zip Code					
City State Zip Code	First Name	Middle Initial	Last Name		
Home Phone () Cell Phone () Alternate () Compared to the proof of the parent Signature Parent Signature Date	Home Address				
Teen Email Address (required)	City	State	Zip Code		
Ethnicity and Race () Black/African American () White Non-Hispanic () American Indian () Hispanic () Other Gender () Male () Female Pasent/Guardian Information First Name Middle Initial Last Name First Name Middle Initial Last Name Home Address State Zip Code Home Phone () Cell Phone () Alternate () Email Address (required) @com Parent Signature Parent Signature Date//	Home Phone ()	Cell Phone ()	Alternate ()	
() Black/African American () White Non-Hispanic () American Indian () Hispanic () Other	Teen Email Address (required)		@		cor
Gender() Male () Female Parent/Guardian Information First Name	Ethnicity and Race				
First Name Middle Initial Last Name First Name Middle Initial Last Name Home Address City State Zip Code Home Phone () Cell Phone () Alternate () Email Address (required) @com Parent Signature Parent Signature Date//	() Black/African American () White	e Non-Hispanic () American I	ndian() Hispanic() Other_		
First Name Middle Initial Last Name First Name Middle Initial Last Name Home Address City State Zip Code Home Phone () Cell Phone () Alternate () Email Address (required) @com Parent Signature Parent Signature Date//	Gender() Male () Female				
First Name Middle Initial Last Name First Name Middle Initial Last Name Home Address City State Zip Code Home Phone () Cell Phone () Alternate () Email Address (required) @com Parent Signature Date	N 4/C . /				
First Name Middle Initial Last Name Home Address City State Zip Code Home Phone () Alternate () Email Address (required) @com Parent Signature Parent Signature Date/	Pasconi Guarman Information				
Home Address State Zip Code Home Phone () Cell Phone () Alternate () com Email Address (required) @com Parent Signature Parent Signature Date//	First Name	Middle Initial	Last Name		
City	First Name	Middle Initial	Last Name		
City	Home Address				
Email Address (required)					
Parent Signature Parent Signature Date Date	Home Phone ()	Cell Phone ()	Alternate ()	<u>-</u>
	Email Address (required)		@		com
Teen Applicant Signature	Parent Signature	Parent Si	gnature	Date	<i>J</i>
	Teen Applicant Signature				
Teen Signature Date	Teen Signature		Date		



References that live in the same household will not be accepted, please provide information from two different references.

Reference 1				
First Name	Middle Initial Last Name			
How long have you known the applicant? Are you related to the applicant?				
How do you know the a	applicant?() Teacher() Coach() Pastor() Family Friend() Other			
Tell us why we should s	select the applicant			
Can we contact you sho	ould we need further information? () Yes () No			
What is the best time to	o contact you? () Morning:am () Afternoon:pm () Evening:pm			
Reference Signature	Date			
Reference 2				
First Name	Middle Initial Last Name			
How long have you known the applicant? Are you related to the applicant?				
How do you know the a	applicant?() Teacher() Coach() Pastor() Family Friend() Other			
Tell us why we should select the applicant				
Can we contact you sho	ould we need further information? () Yes () No			
What is the best time to	o contact you? () Morning:am () Afternoon:pm () Evening:pm			
Reference Signature	Date			
•				
Staff Use Only				
Reference Checked By Date				
I () Reference Check I	Complete () Reference Check Incomplete ()			



PARKS & RECREATION DEPARTMENT

It Starts In Parks!

Parent Letter

Dear Parent/Guardian:

We are pleased to have your son/daughter as a participating member of Future Leaders by Affiliation Teen Program. Please be advised that our teen program consists of various activities, workshops and/or events that will require your child's participation. It is important that you provide us with an e-mail address that is checked by you regularly, so that we can keep you informed of program activities.

We expect our teen members to display leadership qualities. It is the responsibility of Future Leaders by Affiliation Teen Program members to sign in and out daily. In the event that we notice inconsistencies in your child's participation, we will make it a priority to notify you of the matter.

Sincerely,

Shacora R. Jackson

Shacora R. Jackson

Recreation Leader I / Teen Program Coordinator